



VETERANS' PROGRAM LETTER NO. 02-13

APR 04 2013

**MEMORANDUM FOR:** ALL NATIONAL OFFICE STAFF  
ALL REGIONAL ADMINISTRATORS  
ALL DIRECTORS OF VETERANS EMPLOYMENT and  
TRAINING  
ALL COMPETITIVE GRANTEEES

**FROM:** KEITH KELLY *Keith Kelly*

**SUBJECT:** Guidance and Process for Submitting a Change Request of the  
VETS Operations and Programs Activity Report (VOPAR) System

**I. Purpose:** VOPAR users are encouraged to identify needs for changes or enhancements to VOPAR. This guidance details the process for submitting a VOPAR Change Request (CR) Form. Attached to the form are instructions for completion.

**II. Reference(s):** N/A

**III. Rescinds (or Supersedes):** N/A

**IV. Background:** Currently, there is no formalized process for submitting requests for changes or enhancements to the VOPAR system. Previous requests were addressed in an ad-hoc manner with no standard process for obtaining approvals, prioritizing projects, and documenting changes.

**V. Summary of Changes:** When an opportunity is identified to make improvements to the VOPAR system, the VETS VOPAR Change Request Form allows any user to submit a request for consideration. The form should be completed with as much detailed information as possible. Attached to the VETS VOPAR CR Form are detailed instructions for completing each field. The process includes:

1. Obtaining the proper approval signatures (Originator, DVET, RAVET, or supervisor, as appropriate) prior to submitting the form to the VOPAR Administrator in the National Office.
2. Attaching relevant supporting documentation to justify the changes. The originator may be requested to provide additional information to clarify the request.

3. Scanning documents and emailing them to [vopar-help@dol.gov](mailto:vopar-help@dol.gov). The VOPAR Administrator will review the documentation for completeness and forward to the appropriate National Office team for concurrence and final approval.
4. Prioritizing concurred projects based on resources, urgency, and competing priorities.
5. Archiving documentation for future reference.

**Concurred Requests**

Upon concurrence the originator will be notified by email stating the request has been concurred and given a priority level.

- Low
- Medium
- High
- EMERGENCY

The initial priority of the request may be impacted by more immediate needs as the additional needs are identified.

**Non-Concurred Requests**

Upon non-concurrence the originator will be notified by email that the request has been non-concurred and a reason for the non-concurrence will be noted.

**VI. Inquiries:** Any questions should be directed to [vopar-help@dol.gov](mailto:vopar-help@dol.gov).

**VII. Expiration Date:** Until rescinded or superseded.

**VIII. Attachment(s):** VETS VOPAR – Change Request (CR) Form & Instructions.

**INFORMATION TO BE PROVIDED BY ORIGINATOR**

<b>1. Change Request Number:</b>  (Completed by VOPAR Administrator)		<b>2. Originator Name and Signature</b>	
<b>3. Phone No:</b>	<b>4. Date:</b>	<b>5. Office and Region:</b>	
<b>Attachment(s):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>6. Category:</b> <input type="checkbox"/> System Modification <input type="checkbox"/> Data Fix <input type="checkbox"/> Other	<b>7. Proposed Priority:*</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> EMERGENCY  *Provide justification in blocks 10 and 11.	<b>8. Expected Production Impact:*</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Severe  *Provide additional input in blocks 12 and 13.

**9. Title:**

**10. Detailed Description of Proposed Change:**

**11. Detailed Benefit and/or Justification Statement:**

**12. Impact if Change not Approved (Explain):**

**13. End-User Impact Statement (Note any/all system downtime and impact on users):**

	Action	Name	Signature	Date
1	Originator	Submittal		
2	DVET	Concurrence		
3	RAVET	Concurrence		
3	National Programs	Concurrence		
4	Performance and Evaluation	Concurrence		

**INFORMATION TO BE COMPLETED BY VOPAR ADMINISTRATOR**

<b>14. Disposition:</b>  <input type="checkbox"/> Concur <input type="checkbox"/> Non-Concur    Priority Level: _____    Date Notified Originator: _____	
<b>15. Comments:</b>	

## Instructions to fill out the VETS VOPAR Change Request (CR) Form

### A. Basic Form Instructions

If additional space is needed, it is appropriate to check “Yes” under Attachment(s) and attach additional pages.

**Blocks 2-13** are to be completed by the **Originator**. All fields must be filled out appropriately. Do not type “N/A” – Not Applicable unless stated to do so. Once form is complete the **Originator** needs to sign the form.

**Change Request Title** must include the date and Office/Region.

1. **Change Request Number:** To be filled out by **VOPAR Administrator (VA)**. This is the Unique Identification Number for each CR. The VA maintains the database(s) (either manual or electronic) for assignment. The nomenclature for the CR# is as follow: **CR-YYYYMMDD-OFFICE ABBREVIATION-INSTANCE #**

**Example: CR-20080929-SF-001**

2. **Name:** Print the full name of the originator and sign.
3. **Phone Number:** Enter originator’s telephone number (including area code).
4. **Date Created:** Enter today’s date.
5. **Office/Region:** Enter originator’s office and region.
6. **Category:** Place an “X” on the appropriate blank.
  - a. **System Mod** – System modification includes all changes that affect system functionality or the way the system is built or operates.
  - b. **Data Fix** – Data Fixes are changes modifying the business rules within the system that do not affect “how” the system operates and do not adversely affect other instances or systems.

*NOTE: Together, blocks 7 and 8 provide the decision makers with a quick indicator of a problem’s level of danger and time-sensitivity. The Priority block (block 7) indicates the originator’s recommended speed of CR handling and how soon the change needs to be implemented. The Severity block (block 8) indicates the originator’s assessment of the impact the problem or enhancement is likely to have on the system or system utility. EMERGENCY does not automatically indicate that a problem is critical; neither does Critical necessarily imply that emergency handling is needed. (For example, in 1990 the Y2K problem was recognized as critical, but it wasn’t an emergency because there was 10 years to fix the problem. By mid-1999 the issue was considered an emergency.)*  
*National Office*  
*the form.*

7. **Priority:** Place an “X” on the appropriate blank to indicate the recommended speed of CR handling and how soon the change needs to be implemented.
- a. **High** – This change could severely impact a large number of users. This change should be given the highest priority for change planning, building, testing, and implementation in order to meet the next available change implementation window.
  - b. **Medium** – The impact of this change is contained but the change implementation cannot be postponed until the next scheduled release, upgrade version, or monthly maintenance window.
  - c. **Low** – The changes in this category are important but have relatively low risk and can occur during the next scheduled release or the monthly maintenance window.
  - d. **EMERGENCY** – Indicates the need to immediately correct an error that has caused or will cause a complete or severe loss of a critical business function and no workaround is available. (Examples: 1) An application that shuts down the computer and causes an irrecoverable corruption of the database; 2) Sudden destruction/loss of a server hard drive.)
8. **Production Impact:** Place an “X” on the appropriate blank to indicate the expected impact the Change is likely to have on production and service delivery.
9. **Title:** Enter a brief phrase or statement (less than one line if possible) that indicates the specific subject of the change. Try to make the title unique to prevent confusion between CRs. The Title may be changed by the VA or higher authority.

*Blocks 10, 12, and 13 are used to inform decision makers of the requested change, why it should be implemented, and what is likely to happen if it is not implemented. The amount of information in each box is dependent upon the nature of the change.*

10. **Detailed Description of Proposed Change:** Provide a detailed description of what would be changed about the system if the request is approved. If additional space is needed, enter “See attachment” and provide the description on pages following the form.
11. **Detailed Benefit and/or Justification:** In terms of system/user capability or performance, state the advantages to be gained if this change is approved (enhancement), or which authority has directed the change (mandate), or how the change will solve the problem.
12. **Impact if Change Non-Concurred:** State the negative impact(s) on production and service delivery if this change is not approved. As applicable, include what the system will continue to do and what the end result likely will be (if it can be determined).
13. **End-User Impact Statement:** Enter a detailed account of all operational impacts to the system when the change is installed and implemented, including such information as expected system downtimes (complete or partial), maintenance windows, expected temporary loss of capabilities, system slowdowns, etc.

**Blocks 14 - 15** are completed at the **National Office**.

- 14. Disposition:** Final decision will be documented, given a priority level, and the date the originator was notified will be entered.
- 15. Comments:** If other than "Concur," enter comments in this field as necessary. State the reason(s) for any dispositions other than "Concur." All comments become a permanent part of the CR record.